

RO XX
XXXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID # 99-999999
CURRENT DATE: YYYY/MM/DD

FCIC OPERATIONS REPORT
REINSURANCE YEAR 2000
(MONTHLY)

RCP001

S)) Q

	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES
GRP/GRIP	9,999,999	.00	0	999,999	99,999
CRC	9,999,999	.00	0	999,999	99,999
RA	9,999,999	.00	0	999,999	99,999
NON-CAT OTHER	<u>9,999,999</u>	<u>.00</u>	<u>0</u>	<u>999,999</u>	<u>99,999</u>
TOTAL NON-CAT	9,999,999	.00	0	999,999	99,999

S))

CAT	999,999			999,999	99,999
-----	---------	--	--	---------	--------

S))

(L/R = .0000)

					DEBITS	CREDITS
a.	NET EXPENSE REIMBURSEMENT ADJUSTMENT				.00	
b.	PREMIUM COLLECTED	.00				.00 -
c.	ESCROW AND DRAFTS		.00	.00	.00	
d.	LOSS DEDUCTIONS (F,R,O)	0	0	0	.00	
e.	STATE SUBSIDY				.00	
f.	COMPANY PREVIOUS PAYMENT				.00	
g.	FCIC INTEREST PAID				.00	
h.	LITIGATION EXPENSE					.00 -
i.	NET ADMINISTRATIVE FEE ADJUSTMENT					.00 -
j.	REDUCTIONS DUE TO RECON REPORT DIFFERENCES					.00 -
k.	FCIC INTEREST/PENALTY					.00 -
l.	FCIC DET. OVERPAID					.00 -
m.	FCIC PREVIOUS PAYMENT					.00 -
n.	ESCROW FUNDED					.00 -
o.	PAID PREVIOUS WORKSHEETS					.00 -
p.	UNDERWRITING LOSS					.00 -
q.	SUBTOTAL				.00 +	.00 -
r.	TOTAL FROM CURRENT WORKSHEET				.00	
s.	BALANCE DUE COMPANY/FCIC					.00

ESCROW REIMBURSEMENT

t.	PREVIOUS ESCROW FUNDED	.00	
u.	LESS DRAFTS ISSUED (ESCROW)	.00 -	
v.	ESCROW BALANCE	.00	

S))

CERTIFIED CORRECT

NAME TITLE DATE

NOTE: ANY FALSE CERTIFICATION MADE TO THE CORPORATION
MAY SUBJECT THE MAKER TO CRIMINAL AND CIVIL PENALTIES AS
PROVIDED IN 18 U.S.C. 287, 1001;31 U.S.C. 3729 AND 3730.

RO XX
 XXXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID #99-999999

FCIC INSTALLMENT REPORT
 REINSURANCE YEAR 2000
 (MONTHLY)

INS001

CURRENT DATE: YYYY/MM/DD CUTOFF DATE: YYYY/MM/DD

	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES
GRP/GRIP	1,000	.00	0	330	0
CRC	218,189	.00	0	72,002	0
RA	4,182,712	.00	0	1,308,262	0
NON-CAT -OTHER	39,374,777	.00	0	13,480,717	0
TOTAL NON CAT	43,776,678	.00	0	14,861,311	0

CAT	2,278,426			2,278,426	0
-----	-----------	--	--	-----------	---

	DUE COMPANY	DUE FCIC
ADMINISTRATIVE & OPERATING SUBSIDY		
(22.7%) -GRP/GRIP	49,528.90	
(21.1%) -CRC	882,552.23	
(24.5%) -RA	245.00	
(24.5%) -OTHER	9,646,820.37	
TOTAL	10,579,146.50	

CAT LOSS ADJUSTMENT (11%) 2,278,426.00 250,626.86

REDUCTION FOR LATE FILED ACREAGE		
-GRP/GRIP		0.00
-CRC		0.00
-RA		0.00
-OTHER		0.00
SUB-TOTAL		9,999.99

TOTAL DUE FCIC/COMPANY 10,829,773.36 9,999.99

NET EXPENSE REIMBURSEMENT ADJUSTMENT 10,819,773.37

RO XX
XXXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID # 99-999999
CURRENT DATE: YYYY/MM/DD
))

FCIC ADMINISTRATIVE FEE REPORT
REINSURANCE YEAR 2000
CUTOFF DATE YYYY/MM/DD

FEE001

CAT FEES DUE FCIC	6,450.00
LIMITED COVERAGE FEES DUE FCIC	250.00
ADDT'L COVERAGE FEES DUE FCIC	.00
FEES EXCEEDING MAXIMUM LIMITATION	<u>.00</u>

ADMINISTRATIVE FEE ADJUSTMENT	6,700.00
-------------------------------	----------

RO XX
 XXXXXX INSURANCE COMPANY
 C/O XXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: YYYY/MM/DD

FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT)
 REINSURANCE YEAR 2000
 MONTHLY

ADR001

CUTOFF DATE: YYYY/MM/DD

ST	CO	POL#	YR	NAME	(NOTES)	PREMIUM	PAID	LOSS-CR	SUBSIDY	CLEARED LOSSES
XX	999	999999	YYYY	DOE, JOHN	*L	9,999	9,999	999	9,999	999
XX	999	999999	YYYY	DOE, JOHN	*	9,999	9,999	999	9,999	999
XX	999	999999	YYYY	DOE, JOHN	*#	9,999	9,999	999	9,999	999
XX	999	999999	YYYY	DOE, JOHN	*	9,999	9,999	999	9,999	999
XX	999	999999	YYYY	DOE, JOHN	*L	9,999	9,999	999	9,999	999
XX	999	999999	YYYY	DOE, JOHN	*	9,999	9,999	999	9,999	999
XX	999	999999	YYYY	DOE, JANE	*L	9,999	9,999	999	9,999	999
XX	999	999999	YYYY	DOE, JANE	*	9,999	9,999	999	9,999	999
XX	999	999999	YYYY	DOE, JANE	*	9,999	9,999	999	9,999	999
XX	999	999999	YYYY	DOE, JANE	*L	9,999	9,999	999	9,999	999
XX	999	999999	YYYY	DOE, JANE	*	9,999	9,999	999	9,999	999
XX	999	999999	YYYY	DOE, JANE	*#	9,999	9,999	999	9,999	999
TOTAL						9,999	9,999	999	9,999	9,999

*** NOTES ***

- (*) - ASSIGNED RISK (V) - OVERPAID
- (P) - PAYMENT CR MEMO (E) - ESCROW
- (L) - POLICY EITHER INCLUDES OR IS LIMITED COVERAGE

RO XX
 XXXXXX INSURANCE COMPANY
 C/O XXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: YYYY/MM/DD

FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT)
 REINSURANCE YEAR 2000
 STATE TOTALS

ADR002

CUTOFF DATE: YYYY/MM/DD

ST	PREMIUM	PAID	LOSS-CR	SUBSIDY	CLEARED LOSSES
CO	77,078	0.00	0	25,608	0
KS	69,303	0.00	0	22,345	0
NE	247,612	0.00	0	81,640	0
TX	2,894	0.00	0	1,207	0
TOTAL	396,887	0.00	0	130,800	0

RO XX
 XXXXXX INSURANCE COMPANY
 C/O XXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: YYYY/MM/DD

FCIC DETAIL REPORT (EXCLUDING CAT)
 REINSURANCE YEAR 2000
 GRAND TOTALS

ADR003

CUTOFF DATE: YYYY/MM/DD

	PREMIUM	PAID	LOSS-CR	SUBSIDY	CLEARED LOSSES
1999	4,771,780			1,849,846	
2000	33,965,205			13,395,937	
2001	25,900			45,121	
TOTALS	38,762,885	167,779.38		15,290,904	
OVERPAIDS		167.00	0		
GRAND TOTALS LESS OVERPAIDS	38,762,885	167,612.38	0	15,290,904	0

PMEMO
 MMEMO
 PLCR

RAS SUMMARY LOAD
P/CR MEMO REJECT REPORT

CURRENT DATE: YYYY/MM/DD PAGE 1
PCR001

RO XX
SOME REINSURED COMPANY
C/O XXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID#99-999999
CUTOFF DATE: YYYY/MM/DD

<u>P/CR MEMO RO</u>	<u>P/CR MEMO LOC ST</u>	<u>P/CR MEMO CNO</u>	<u>P/CR MEMO POLICY NO</u>	<u>P/CR MEMO CROP YR</u>	<u>PAID</u>	<u>STATE SUBSIDY</u>	<u>PMEMO</u>	<u>SOURCE RO</u>	<u>SOURCE LOC ST</u>	<u>SOURCE CNO</u>	<u>SOURCE POLICY NO</u>	<u>SOURCE CROP YR</u>
XX	NE	900	003010	YYYY	0.00	0.00	817.00	XX	31	900	013010	YYYY
	PA	900	000666	YYYY	0.00	0.00	1757.00	XX	42	900	010666	YYYY
			001313	YYYY	0.00	0.00	1084.00	XX	42	900	011313	YYYY
			001314	YYYY	0.00	0.00	84.00	XX	42	900	011314	YYYY
			001941	YYYY	0.00	0.00	3336.00	XX	42	900	011941	YYYY
			002713	YYYY	0.00	0.00	6.00	XX	42	900	012713	YYYY
			002829	YYYY	0.00	0.00	171.00	XX	42	900	012829	YYYY
			002893	YYYY	0.00	0.00	55.00	XX	42	900	012893	YYYY
			002992	YYYY	0.00	0.00	2708.00	XX	42	900	012992	YYYY
			003100	YYYY	0.00	0.00	3691.00	XX	42	900	013100	YYYY
			003114	YYYY	0.00	0.00	2679.00	XX	42	900	013114	YYYY
			003119	YYYY	0.00	0.00	769.00	XX	42	900	013119	YYYY
			003120	YYYY	0.00	0.00	3877.00	XX	42	900	013120	YYYY
			003123	YYYY	0.00	0.00	7369.00	XX	42	900	013123	YYYY
			003305	YYYY	0.00	0.00	75.00	XX	42	900	013305	YYYY
			003390	YYYY	0.00	0.00	316.00	XX	42	900	013390	YYYY
			003447	YYYY	0.00	0.00	84.00	XX	42	900	013447	YYYY
			003448	YYYY	0.00	0.00	1030.00	XX	42	900	013448	YYYY
			003450	YYYY	0.00	0.00	85.00	XX	42	900	013450	YYYY
			003525	YYYY	0.00	0.00	671.00	XX	42	900	013525	YYYY
			003526	YYYY	0.00	0.00	299.00	XX	42	900	013526	YYYY
			003668	YYYY	0.00	0.00	179.00	XX	42	900	013668	YYYY
			003673	YYYY	0.00	0.00	282.00	XX	42	900	013673	YYYY
			003692	YYYY	0.00	0.00	174.00	XX	42	900	013692	YYYY
			003693	YYYY	0.00	0.00	94.00	XX	42	900	013693	YYYY
			003696	YYYY	0.00	0.00	159.00	XX	42	900	013698	YYYY
			003699	YYYY	0.00	0.00	94.00	XX	42	900	013699	YYYY
			003700	YYYY	0.00	0.00	19.00	XX	42	900	013700	YYYY
			003701	YYYY	0.00	0.00	94.00	XX	42	900	013701	YYYY
TOTAL RO: XX					0.00	0.00	32058.00					

EXAMPLE 1:

LATE PAYMENTS

<u>REPORT DATE</u>	<u>REPORT DUE</u>	<u>AMOUNT RECEIVED</u>	<u>DAYS LATE</u>	<u>RATE</u>	<u>INTEREST AMOUNT</u>	<u>NOTE REF.</u>
05/08/YYYY	05/29/YYYY	\$100,000	4	15%	\$164.38	1
11/06/YYYY	11/30/YYYY	\$1,000,000	7	15%	\$2,876.71	2

1. Payment of the \$100,000 balance due FCIC on the 05/08/YYYY report, due on 05/29/YYYY, the last banking day of the month, is received on 06/02/YYYY.
2. Payment of the \$1,000,000 balance due FCIC on the 11/06/YYYY report, due on 11/30/YYYY, the last banking day in the month, is received on 12/07/YYYY.

EXAMPLE 2:

INTEREST ON OVERPAID INDEMNITIES/UNDERSTATED PREMIUM CASES IDENTIFIED THROUGH REVIEW

<u>DATE COMPANY NOTIFIED BY DATE OF REPORT DATE OF FINAL APPEAL DETERMINATION LETTER</u>	<u>OVERPAYMENT AMOUNT</u>	<u>DATE OF APPEAL</u>	<u>WITH CORRECTED DETERMINATION LETTER</u>	<u>INDEMNITY OVERPAYMENT</u>	<u>DAYS</u>	<u>INTEREST RATE</u>	<u>INTEREST DUE</u>	<u>NOTE REF</u>
01/20/YYYY	\$10,000	N/A	N/A	02/12/YYYY	26	15%	0.00	1
01/20/YYYY	\$15,000	N/A	N/A	04/09/YYYY	100	15%	\$616.44	2
01/20/YYYY	\$20,000	02/15/YYYY	11/15/YYYY	12/15/YYYY	345	15%	\$2,835.62	3

1. The Company is notified of an overpayment in a Final Determination letter dated January 20, YYYY. The February 9, YYYY report containing the correction was filed timely. Since the report was corrected within 30 days, interest does not attach.
2. The Company is notified of an overpayment amount in a final determination letter dated January 20, YYYY. The amount is to be corrected on the February 9, YYYY report. No appeal is filed. No corrections are made until the April 9, YYYY report. Interest is calculated starting with the day after the final determination letter which is January 21, YYYY through the due date of the certified report containing the corrections is submitted, which is April 30, YYYY.
3. Interest begins accruing based on the date of the Final Determination letter. Appeals have no affect on delaying the interest computation date. In this example, the company is notified of an overpayment in a Final Determination letter dated January 20, YYYY. The company files an appeal on February 15, YYYY. The appeal is heard and FCIC receives a favorable decision. Had the company received a favorable decision, no interest is due. The Company is notified by an Appeal Determination letter on December 15, YYYY of the amount due FCIC. Interest is calculated starting with the day after the Final Determination letter, which is January 21, YYYY through the due date of the certified report containing the correction is submitted, which is December 31, YYYY.

RO XX
 XXXXXX INSURANCE COMPANY
 C/O XXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: YYYY/MM/DD

CAT COVERAGE FEES (EXCLUDING BUY-UPS)
 REINSURED COMPANY DETAIL REPORT
 REINSURANCE YEAR 2000
 MONTHLY

CFE001

CUTOFF DATE: YYYY/MM/DD

ID_NUMBER	ST	CO	POL#	YR	LOC CTY	CROP CODE	CROP TYPE	A R	PREMIUM	LOSSES	FEE AMOUNT	FEE COLLECTED	FEE WAIVED
999999999	XX	999	999999	YYYY	001	011	001	*	250	-0-	50	-0-	-0-
				YYYY	001	021	001		250	-0-	50	-0-	-0-
				YYYY	001	041	001		250	-0-	-0-	50	-0-
				YYYY	001	051	001		250	-0-	-0-	50	-0-
				YYYY	001	081	001		250	-0-	-0-	-0-	-0-
				YYYY	001	091	001		250	-0-	-0-	-0-	-0-
999999999	XX	999	999999	YYYY	001	011	001		100	-0-	50	-0-	-0-
				YYYY	001	041	001		100	-0-	50	-0-	-0-
				YYYY	001	051	001		100	-0-	-0-	50	-0-
				YYYY	001	081	001	*	100	-0-	-0-	50	-0-
				YYYY	001	091	001		100	-0-	-0-	-0-	-0-
999999999	XX	999	999999	YYYY	001	011	001		227	-0-	50	-0-	-0-
				YYYY	001	041	001		227	-0-	50	-0-	-0-
999999999	XX	999	999999	YYYY	001	011	001		500	-0-	-0-	-0-	50
				YYYY	001	041	001		500	-0-	-0-	-0-	50
				YYYY	001	081	001		500	-0-	-0-	-0-	-0-
999999999	XX	999	999999	YYYY	001	011	001	*	100	-0-	-0-	-0-	50
				YYYY	001	041	001		100	-0-	-0-	-0-	50
				1999					-0-	-0-			
				2000					4,154	-0-			
				2001					-0-	-0-			
				GRAND TOTAL XX					4,154	-0-	300	200	200

*** NOTES***

(*) - ASSIGNED RISK/(E) - ESCROW

RO XX
 XXXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: YYYY/MM/DD

CAT COVERAGE FEES
 REINSURED COMPANY DETAIL REPORT
 REINSURANCE YEAR 2000
 CUTOFF DATE: YYYY/MM/DD

CFE002

<u>ST</u>	<u>PREMIUM</u>	<u>LOSSES</u>	<u>FEE AMOUNT</u>	<u>FEES COLLECTED</u>	<u>FEES WAIVED</u>
AL	97,973		6,350	50	800
AR	766,621		35,700	600	750
AZ	6,278		1,150	0	0
CA	1,417,706		42,900	2,700	100
CO	1,042,657		68,950	0	350
CT	4,040		50	0	0
DE	9,732		300	0	0
FL	2,787,990		30,250	1,300	0
GA	99,288		13,500	600	50
IA	506		300	0	0
ID	22,714		4,800	150	0
IL	106,843		34,050	200	800
IN	19,288		9,800	50	100
KS	1,115,889		180,100	0	2,100
KY	81,832		9,600	0	1,000
LA	57,674		3,700	100	0
MA	107,293		2,800	0	0
MD	131,040		17,750	0	100
ME	0		50	0	0
MI	16,012		5,700	200	450
MN	1,893		900	0	0
MO	466,378		81,450	300	1,650
MS	47,328		4,000	200	0
MT	144,275		21,350	0	100
NC	600,089		32,600	0	200
ND	3,110		1,350	0	0
NE	160,350		27,300	0	1,150
NJ	19,557		50	0	0
NM	235,521		9,900	0	0
NY	57,754		5,700	200	100
OH	20,716		12,900	300	450
OK	227,635		29,900	50	100
OR	118,883		6,450	0	150
PA	47,171		6,900	0	100
SC	159,652		8,000	1,250	0
1999	305,204				
2000	11,666,278				
2001	343,566				
TOTAL	12,315,048	0	842,350	9,500	13,600

RO XX
 XXXXXX INSURANCE COMPANY
 C/O XXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 99999999 ID# 99-999999
 CURRENT DATE: YYYY/MM/DD

LIMITED COVERAGE \$50 FEES (LIMITED BUY-UPS)
 REINSURED COMPANY DETAIL REPORT
 REINSURANCE YEAR 2000
 MONTHLY

LFE001

CUTOFF DATE: YYYY/MM/DD

ID-NUMBER	ST	CO	POL#	YR	LOC CO	CROP CODE	CROP TYPE	PREMIUM	FEE AMOUNT	FEES COLLECTED	FEES WAIVED
999999999	XX	999	999999	YYYY	001	011	001	250	50	0	0
				YYYY	001	021	001	250	50	0	0
				YYYY	001	041	001	250	0	5	0
				YYYY	001	051	001	250	0	5	0
				YYYY	001	081	001	250	0	0	0
				YYYY	001	091	001	250	0	0	0
999999999	XX	999	999999	YYYY	001	011	001	100	50	0	0
				YYYY	001	041	001	100	50	0	0
				YYYY	001	051	001	100	0	50	0
				YYYY	001	181	001	100	0	50	0
				YYYY	001	191	001	100	0	50	0
999999999	XX	99	999999	YYYY	001	011	001	227	50	0	0
				YYYY	001	041	001	227	50	0	0
999999999	XX	99	999999	YYYY	001	011	001	500	0	0	50
				YYYY	001	041	001	500	0	0	50
				YYYY	001	081	001	500	0	0	50
999999999	XX	99	999999	YYYY	001	011	001	100	0	0	50
				YYYY	001	041	001	100	0	0	50
COMPANY TOTALS								4,154	300	250	250

RO XX
 XXXXXX INSURANCE COMPANY
 C/O XXXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: YYYY/MM/DD

LIMITED COVERAGE \$50 FEES (LIMITED BUY-UPS)
 REINSURED COMPANY DETAIL REPORT
 REINSURANCE YEAR 2000
 MONTHLY

LFE002

CUTOFF DATE: YYYY/MM/DD

ST	PREMIUM	FEE AMOUNT	FEE COLLECTED	FEE WAIVED
CO	12,768	500	0	0
FL	19,490	200	0	0
GA	2,084	100	0	0
KS	9,397	450	0	0
KY	8,323	50	0	0
LA	1,628	100	0	0
MI	285	50	0	0
MN	402	50	0	0
MO	1,015	150	0	0
MS	962	50	0	0
NC	1,184	100	0	0
ND	1,700	150	0	0
NE	5,855	250	0	0
NM	6,049	200	0	0
NY	1,079	50	0	0
OH	330	100	0	0
OK	661	200	0	0
OR	131	50	0	0
SD	13,222	400	0	0
TN	1,798	50	0	0
TX	8,817	850	0	0
UT	708	50	0	0
VA	2,972	350	0	0
WI	1,079	150	0	0
TOTAL	101,939	4,650	0	0

RO XX
 XXXXXX INSURANCE COMPANY
 C/O XXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999

ADDITIONAL COVERAGE \$20 ADMINISTRATIVE FEE SUMMARY REPORT
 REINSURANCE YEAR 2000

ACA001

CURRENT DATE: YYYY/MM/DD CUTOFF DATE: YYYY/MM/DD

ST	1999 JAN	1999 MAR	1999 APR	1999 MAY	1999 JUN	1999 JUL	1999 SEP	1999 OCT	1999 NOV	1999 DEC	2000 JAN	2000 MAR	FEE PREPAID	TOTAL
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	00	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	00	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	00	99,999
TOTAL	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999

RO XX
 XXXXXX INSURANCE COMPANY
 C/O XXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: YYYY/MM/DD

FCIC REINSURANCE RUN
 REINSURANCE YEAR 2000

FR7YY40M

CUTOFF DATE: YYYY/MM/DD

STATE/RECAP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
AL	OTHER COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	OTHER ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	REVENUE DEVELOPMENTAL	9.9	999,999,999	999,999	99,999	9.9
	REVENUE ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	SUBTOTAL 1		999,999,999	999,999	99,999	9.9

(CONTINUED)

RO XX
 XXXXXX INSURANCE COMPANY
 C/O XXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: YYYY/MM/DD

(CONTINUED)
 FCIC REINSURANCE RUN
 REINSURANCE YEAR 2000

FR7YY40M

CUTOFF DATE: YYYY/MM/DD

STATE/RECAP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
RO RECAP	OTHER COMMERCIAL	99.9	99,999,999	999,999	99,999	9.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	OTHER ASSIGN RISK	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT ASSIGN RISK	9.9	999,999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	REVENUE DEVELOPMENTAL	9.9	9,999,999	99,999	9,999	.9
	REVENUE ASSIGN RISK	9.9	9,999,999	99,999	9,999	.9
	SUBTOTAL 1		999,999,999	999,999	99,999	9.9
	OTHER COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL	.9	999,999,999	999,999	99,999	9.9
	REVENUE DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	ASSIGN RISK	9.9	9,999,999	99,999	9,999	.9
	REVISED SUBTOTAL 1		999,999,999	99,999	99,999	9.9
	OTHER COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL	9.9	999,999,999	999,999	99,999	9.9
	REVENUE DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	ASSIGN RISK	9.9	9,999,999	99,999	9,999	.9
	RETAINED SUBTOTAL 2		999,999,999	999,999	99,999	9.9

(CONTINUED)

(CONTINUED)

FR7YY40M

RO XX
XXXXXX INSURANCE COMPANY
C/O XXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID# 99-999999
CURRENT DATE: YYYY/MM/DD

FCIC REINSURANCE RUN
REINSURANCE YEAR 2000

CUTOFF DATE: YYYY/MM/DD

STATE/COUNTY/CROP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
RO RECAP	OTHER COMMERCIAL	9.9	999,999,999	999,999	99,999	9.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	9.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	REVENUE DEVELOPMENTAL	9.9	9,999,999	99,999	9,999	.9
	ASSIGN RISK	9.9	9,999,999	99,999	9,999	.9
	RETAINED SUBTOTAL 3		999,999,999	999,999	99,999	9.9
	OTHER COMMERCIAL			999,999,999	999,999	
	OTHER DEVELOPMENTAL			9,999,999	99,999	
	CAT COMMERCIAL			9,999,999	99,999	
	CAT DEVELOPMENTAL			9,999,999	99,999	
	REVENUE COMMERCIAL			9,999,999	99,999	
	REVENUE DEVELOPMENTAL			9,999,999	99,999	
	ASSIGN RISK			9,999,999	99,999	
	SUBTOTAL 4			999,999,999	999,999	
	OTHER COMMERCIAL GAIN/LOSS			999,999,999		
	CAT COMMERCIAL GAIN/LOSS			9,999,999		
	REVENUE COMMERCIAL GAIN/LOSS			999,999		
	OTHER DEVELOPMENTAL GAIN/LOSS			999,999,999		
	CAT DEVELOPMENTAL GAIN/LOSS			9,999,999		
	REVENUE DEVELOPMENTAL GAIN/LOSS			999,999		
	ASSIGN RISK GAIN/LOSS			9,999		
	STATE GAIN/LOSS			999,999		
	RESERVE FOR LOSSES			999,999		
	RESERVE FOR LOSSES APPLIED			9		
	RESERVE FOR LOSSES BALANCE			999,999		

RO XX
 XXXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 99999999 ID # 99-999999
 CURRENT DATE: YYYY/MM/DD
 MONTHLY PROCESSING DATE: YYYY/MM/DD

LIMITED COVERAGE FEES EXCEEDING LIMITATION REPORT
 ACROSS DELIVERY SYSTEMS
 REINSURANCE YEAR - 2000

PAGE: 1
 FEL001

SSN	LOC ST	LOC CTY	TRANS. DATE	TRANS. TIME	R0	ADM. ST	ADM. CTY	CROP CODE	COV TYPE	POLICY	ENT TYP	NAME	YR	FEES COLLECTED	EXCESS	EXCESS
															FEES	FEES
															(COUNTY	PROD.
															LIMIT.)	LIMIT.)
XXXXXXXXXX	XX	001	1/1/YYYY	06.00.00	XX	99	001	011	998	999999	I	DOE, JOHN	YYYY	50	-0	0
			1/1/YYYY	06.00.00	ZZ	99	001	021	998	999999	I	DOE, JOHN	YYYY	50	-0	0
			2/1/YYYY	06.00.00	XX	99	001	031	998	999999	I	DOE, JOHN	YYYY	50	-0	0
			2/1/YYYY	06.00.00	XX	99	001	051	998	999999	I	DOE, JOHN	YYYY	50	-0	50
			2/2/YYYY	06.00.00	YY	99	001	081	998	000001	I	DOE, JON	YYYY	50	50	0
			2/9/YYYY	06.00.00	ZZ	99	001	091	998	000001	I	DOE, JON	YYYY	50	50	0
			3/1/YYYY	06.00.00	YY	99	001	071	998	000001	I	DOE, JON	YYYY	50	50	0
			4/1/YYYY	06.00.00	YY	99	001	041	998	000001	I	DOE, JON	YYYY	50	50	0
TOTALS BY COUNTY														400	200	50
	002		1/1/YYYY	06.00.00	XX	99	001	011	998	999999	I	DOE, JOHN	YYYY	50	-0	0
			1/1/YYYY	06.00.00	ZZ	99	001	021	998	999999	I	DOE, JOHN	YYYY	50	-0	0
			2/1/YYYY	06.00.00	XX	99	001	031	998	999999	I	DOE, JOHN	YYYY	50	-0	0
			2/1/YYYY	06.00.00	XX	99	001	051	998	999999	I	DOE, JOHN	YYYY	50	-0	50
			2/2/YYYY	06.00.00	YY	99	001	081	998	000001	I	DOE, JON	YYYY	50	50	0
			2/9/YYYY	06.00.00	ZZ	99	001	091	998	000001	I	DOE, JON	YYYY	50	50	0
			3/1/YYYY	06.00.00	YY	99	001	071	998	000001	I	DOE, JON	YYYY	50	50	0
			4/1/YYYY	06.00.00	YY	99	001	041	998	000001	I	DOE, JON	YYYY	50	50	0
TOTALS BY COUNTY														400	200	50
	003		1/1/YY	06.00.00	XX	99	001	011	998	999999	I	DOE, JOHN	YYYY	50	-0	0
			1/1/YY	06.00.00	ZZ	99	001	021	998	999999	I	DOE, JOHN	YYYY	50	-0	0
			2/1/YY	06.00.00	XX	99	001	031	998	999999	I	DOE, JOHN	YYYY	50	-0	0
			2/1/YY	06.00.00	XX	99	001	051	998	999999	I	DOE, JOHN	YYYY	50	-0	50
			2/2/YY	06.00.00	YY	99	001	081	998	000001	I	DOE, JON	YYYY	50	50	0
			2/9/YY	06.00.00	ZZ	99	001	091	998	000001	I	DOE, JON	YYYY	50	50	0
			3/1/YY	06.00.00	YY	99	001	071	998	000001	I	DOE, JON	YYYY	50	50	0
			4/1/YY	06.00.00	YY	99	001	041	998	000001	I	DOE, JON	YYYY	50	50	0
TOTALS BY COUNTY														400	200	50
	004		1/1/YY	06.00.00	XX	99	001	011	998	999999	I	DOE, JOHN	YYYY	50	-0	0
			1/1/YY	06.00.00	ZZ	99	001	021	998	999999	I	DOE, JOHN	YYYY	50	-0	0
			2/1/YY	06.00.00	XX	99	001	031	998	999999	I	DOE, JOHN	YYYY	50	-0	0
			2/1/YY	06.00.00	XX	99	001	051	998	999999	I	DOE, JOHN	YYYY	50	-0	50
			2/2/YY	06.00.00	YY	99	001	081	998	000001	I	DOE, JON	YYYY	50	50	0
			2/9/YY	06.00.00	ZZ	99	001	091	998	000001	I	DOE, JON	YYYY	50	50	0
			3/1/YY	06.00.00	YY	99	001	071	998	000001	I	DOE, JON	YYYY	50	50	0
			4/1/YY	06.00.00	YY	99	001	041	998	000001	I	DOE, JON	YYYY	50	50	0
TOTALS BY COUNTY														400	200	50
TOTALS BY SSN														1600	800	200
GRAND TOTAL														1600	800	200

THIS REPORT EXCLUDES ALL REFUNDED FEES.

FOR RO = XX/ RY = 2000
 DUPLICATE REPORT

ACROSS DELIVERY SYSTEMS

DUP 001

PAGE

1

CURRENT DATE: YYYY/MM/DD

CUTOFF DATE: YYYY/MM/DD

LOC ST	LOC CTY	SSN	CROP CODE	CROP TYPE	E N	I D	TRANS. DATE	ADM RO	ADM ST	CO/ ADM CTY	POLICY	C F	H R	NAME	YR	ACRES	LOSS	LOSS STOP
---	---	---	----	----	-	-	-----	--	---	---	-----	-	-	----	--	-----	----	----
XX	083	999999999	0021	998	I	1	12/19/95	AA	XX	001	999999	L	0	ROBINSON	YYYY	Y	N	STOP
					I	1	03/15/96	BB	XX	004	555555	L	0	ROBINSON	YYYY	Y	N	STOP
			0041	998	I	1	12/19/95	AA	XX	001	999999	L	0	ROBINSON	YYYY	Y	N	OK
					I	1	03/15/96	BB	XX	004	555555	L	0	ROBINSON	YYYY	N	N	STOP
			0081	998	I	1	12/19/95	AA	XX	001	999999	L	0	ROBINSON	YYYY	Y	N	STOP
					I	1	03/15/96	BB	XX	004	555555	L	0	ROBINSON	YYYY	Y	N	STOP
	089	888888888	0021	998	I	1	12/07/95	BB	XX	002	666666	C	0	LEMON	YYYY	N	N	STOP
					I	1	04/11/96	CC	XX	004	777777	C	0	LEMON	YYYY	Y	N	OK
YY	001	777777777	0011	998	I	1	11/03/95	BB	00	005	111111	A	0	HENDERSON	YYYY	Y	N	OK
					I	1	04/09/96	CC	05	007	222222	C	0	HENDERSON	YYYY	N	N	STOP

TOTAL

FOR RO = XY/ RY = 2000
 POLICIES WITH DUPLICATE LOSSES
 ACROSS DELIVERY SYSTEMS

PAGE 1

CURRENT DATE: YYYY/MM/DD

CUTOFF DATE: YYYY/MM/DD

LOC ST ---	LOC CTY ---	SSN ---	CROP CODE ----	CROP TYPE ----	E N I T D	TRANS. DATE	ADM RO ST	CO ADM CTY	POLICY	COV FLG	HR FLG NAME	CY	ACRES	LOSS	POL TO DEL ---
XX	001	111111111	011	998	P 2	11/03/95	AA 00	010	222222	A 0	BOB SMITH	YYYY	Y	Y	YES
					P 2	11/03/95	BB 00	030	333333	A 0	ROB SMITH	YYYY	Y	Y	YES
XX	002	444444444	021	998	I 1	12/07/95	AA TX	045	555555	A 0	JONES	YYYY	Y	Y	YES
					I 1	12/07/95	AA TX	028	888888	A 0	FRANKLIN	YYYY	Y	Y	YES

TOTAL

DUPLICATE ACREAGE REPORT
 ACROSS DELIVERY SYSTEMS
 REINSURANCE YEAR - 2000

DUP003
 PAGE XX

CURRENT DATE: YYYY/MM/DD / 15.37.01 CUTOFF DATE: YYYY/MM/DD

LOC ST ---	LOC CTY ---	SSN ---	CROP CODE ---	CROP TYPE ---	E N I T D	TRANS. DATE	RO	ADM ST	CO ADM CTY	POLICY	COV FLG	HR FLG	NAME	CY	ACRES	LOSS	DUPE ACRE ---
XX	015	111111111	011	998	J 1	01/10/96	XX	00	043	111111	A	0	A&D HUBBS	YYYY	Y	N	YES
					I 1	01/10/96	ZZ	00	043	222222	A	0	HUBBS	YYYY	Y	N	YES
	021	444444444	011	998	I 1	10/30/95	CC	00	074	333333	A	0	CONLEY	YYYY	Y	N	YES
					I 1	12/02/95	MH	00	085	444444	C	0	CONLEY	YYYY	Y	N	YES
		555555555	011	998	I 1	10/30/95	XX	00	142	555555	A	0	MARTIN	YYYY	Y	N	YES
					I 1	12/03/95	ZZ	00	131	666666	C	0	SUSAN	YYYY	Y	N	YES
		666666666	011	998	C 2	10/27/95	QQ	00	586	777777	A	0	M.HANSON&	YYYY	Y	N	YES
					C 2	12/02/95	RR	00	136	888888	A	0	C.HANSON&	YYYY	Y	N	YES

TOTAL

RO XX

RECONCILIATION REDUCTION WORKSHEET
REINSURANCE YEAR 2000
MONTHLY

Page: 1
FR70039T-20

YYYY/MM/DD CUTOFF DATE: YYYY/MM/DD

PREMIUM:	PREMIUM DISCREPANCIES	2,222.22
PAIDS:	PAID DISCREPANCIES	1,111.11
LOSSES:	LOSS DISCREPANCIES	5,555.55
TOTAL RECONCILIATION REDUCTION		8,888.88
NON-CAT SUBSIDY FACTOR	.38110441	

RO XX

RECONCILIATION REDUCTION WORKSHEET
REINSURANCE YEAR 2000
ANNUAL SETTLEMENT

Page: 1
FR70039T-20

YYYY/MM/DD CUTOFF DATE: YYYY/MM/DD

PREMIUM: PREMIUM DISCREPANCIES 6,666.00

LOSSES: LOSS DISCREPANCIES 5,555.55

TOTAL RECONCILIATION REDUCTION 12,221.55

NON-CAT SUBSIDY FACTOR .38110441

RO XX

RECONCILIATION WORKSHEET
DISCREPANCIES OF PREMIUM

PAGE: 1
FR70039T-4

YYYY/MM/DD MONTHLY PROCESSING DATE: YYYY/MM/DD

<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>CROP CODE</u>	<u>COV FLAG</u>	<u>PREMIUM DATABASE</u>	<u>PREMIUM COMPANY</u>	<u>PREMIUM DIFFERENCE</u>	<u>PREMIUM COMPARE(+)</u>	<u>PREMIUM COMPARE(-)</u>
XX	XX	999	999999	YYYY	011	N	949	950	-1		-1
	XX	999	999999	YYYY	051	N	13,949	13,950	-1		-1
	XX	999	999999	YYYY	041	N	781	636	145	145	
			999999	YYYY	075	N	482	356	126	126	
			999999	YYYY	081	N	797	488	309	309	
	XX	999	999999	YYYY	011	N	10,931	10,659	272	272	
		999	999999	YYYY	041	N	7,828	7,791	37	37	
	XX	999	999999	YYYY	011	C	2,100	2,422	-322		-322
*TOTAL RPT_ORGAN XX							37,817	37,252	565	889	-324

RO XX

RECONCILIATION WORKSHEET
DISCREPANCIES OF LOSSES BY POLICY

PAGE: 1
FR70039T-9

YYYY/MM/DD MONTHLY PROCESSING DATE: YYYY/MM/DD

<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>LOSSES DATABASE</u>	<u>LOSSES COMPANY</u>	<u>LOSSES DIFFERENCE</u>	<u>LOSSES COMPARE (+)</u>	<u>LOSSES COMPARE (-)</u>
XX	XX	999	999999	YYYY	78	122	-44		-44
	XX	999	999999	YYYY	4,395	4,922	-527		-527
	XX	999	999999	YYYY	2,325	1,200	1,125	1,125	
*TOTAL RPT_ORGAN XX					6,798	6,244	554	1,125	-571

RO XX

RECONCILIATION WORKSHEET
DISCREPANCIES OF PAIDS BY POLICY

PAGE: 1
FR70039T-13

YYYY/MM/DD MONTHLY PROCESSING DATE: YYYY/MM/DD

<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>PAID</u> <u>DATABASE</u>	<u>PAID</u> <u>COMPANY</u>	<u>PAID</u> <u>DIFFERENCE</u>	<u>PAID</u> <u>COMPARE (+)</u>	<u>PAID</u> <u>COMPARE (-)</u>
XX	XX	999	999999	YYYY	4,658	4,798	-140		-140
			999999	YYYY	9,484	9,485	-1		-1
			999999	YYYY	24,732	24,733	-1		-1
			999999	YYYY	5,668	5,879	-211		-211
			999999	YYYY	757	758	-1		-1
			999999	YYYY	1,279	1,280	-1		-1
			999999	YYYY	11,916	11,913		3	
			999999	YYYY	2,306	2,307	-1		-1
			999999	YYYY	3,496	3,497	-1		-1
*TOTAL	RPT_ORGAN	XX			64,296	64,650	-354	3	-357

RO XX

RECONCILIATION WORKSHEET
DISCREPANCIES OF LOSS-CREDITS BY POLICY

PAGE: 1
FR70039T-17

YYYY/MM/DD MONTHLY PROCESSING DATE: YYYY/MM/DD

<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>LOSS CREDITS DATABASE</u>	<u>LOSS CREDITS COMPANY</u>	<u>LOSS CREDITS DIFFERENCE</u>	<u>LOSS CREDITS COMPARE (+)</u>	<u>LOSS CREDITS COMPARE (-)</u>
XX	XX	999	999999	YYYY	1,964	982	982	982	
		999	999999	YYYY	1,750	1,555	195	195	
	XX	999	999999	YYYY	1,520	3,040	-1,520		-1,520
*TOTAL RPT_ORGAN XX					5,234	5,577	343	1,177	-1,520

RO XX
 XXXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID # 99-999999

FCIC ADMINISTRATIVE REDUCTION REPORT
 FOR LIMITED AND ADDITIONAL COVERAGE POLICIES
 REINSURANCE YEAR 2000
 MONTHLY

ARA001

CURRENT DATE : YYYY/MM/DD

CUTOFF DATE : YYYY/MM/DD

REDUCED AMOUNT

ST	CO	POLICY	CROP CODE	COV FLAG	CROP TYPE	PREMIUM	1.5%	3.0%	4.5%	TOTAL
XX	999	111111	0011	L	001	999	99.99			99.99
		222222	0075	A	001	999		999.99		999.99
XX	999	333333	0081	L	001	999			999.99	999.99
STATE TOTAL							99.99	999.99	999.99	2099.97
GRAND TOTAL							99.99	999.99	999.99	2099.97

RA GRP CRC OTHER GRAND
))

TOTAL 1.5% 99.99 99.99
 TOTAL 3.0% 999.99 999.99
 TOTAL 4.5% 999.99 999.99

))
 GRAND TOTAL 2099.97 2099.97

FCIC SUMMARY REPORT (MONTHLY)
(PREMIUM DUE WITHOUT PAYMENTS WORK SHEET)
REINSURANCE YEAR 2000

PDW

RO XX
SOME REINSURANCE COMPANY
C/O INSURANCE COMPANY
P.O. BOX 999
YOUR CITY, ST 999999999 ID# 99-9999999
CURRENT DATE: YYYY/MM/DD

CUTOFF DATE: YYYY/MM/DD

		(A)	(B)	(C)	(D)	(E)	(F)	(H)
		CURRENT REPORT	PREVIOUS PEAK	RPT DATE OF PEAK	INC OF PREM DUE WO PAYM	NBR DAYS INTEREST	INTEREST DUE (%) (D) (E)	TOTAL OF INTEREST (-F)
MONTH								
DEC	19YY			_____	_____	_____	_____	_____
MARCH	2000	0	0	_____	_____	_____	_____	_____
MAY	2000	_____	_____	_____	_____	_____	_____	_____
JULY	2000	_____	_____	_____	_____	_____	_____	_____
OCTOBER	2000	_____	_____	_____	_____	_____	_____	_____
JANUARY	2001	_____	_____	_____	_____	_____	_____	_____
TOTAL								_____

EXAMPLE 3:

PREMIUM DUE WITHOUT (W/O) PAYMENTS

<u>PREMIUM PAYMENT DUE DATE</u>	<u>REPORT DATE</u>	<u>TOTAL PREMIUM DUE W/O PMT.</u>	<u>AMOUNT OF INCREASES IN PREMIUM FROM PREVIOUS PEAK</u>	<u>DAYS (365 DAY YR.) (EXACT DAYS)</u>	<u>INTEREST RATE</u>	<u>INTEREST AMOUNT</u>	<u>NOTE REF.</u>
11/01/YYYY	11/06/YYYY	\$1,000,000	\$0	0	0	\$0.00	1
11/01/YYYY	12/11/YYYY	\$1,200,000	\$200,000	61	15%	\$5,013.70	2
11/01/YYYY	01/09/2001	\$1,300,000	\$100,000	92	15%	\$3,780.82	3
11/01/YYYY	02/12/2001	\$1,100,000	\$0	0	15%	\$0.00	4
11/01/YYYY	03/12/2001	\$1,400,000	\$100,000	151	15%	\$6,205.48	5

1. Total premium with an October billing date is due to FCIC on October 31.
2. Total premium with an October billing date due to FCIC October 31 has increased by \$200,000. The premium should have been reported on the November report. The company is charged for two full month's interest on the December report.
3. Total premium with an October billing date due to FCIC October 31 has increased by \$100,000 during January. The premium should have been reported on the November report. The company is charged three full month's interest on the January report.
4. The total premium reported did not increase during the month.
5. Total premium with an October billing date due to FCIC October 31 has further increased during the month by another \$100,000. The premium should have been reported on the November report. The company is charged five month's interest.

FCIC SUMMARY REPORT (MONTHLY)
(PREMIUM DUE WORK SHEET)
REINSURANCE YEAR 2000

PDW

RO XX
SOME REINSURANCE COMPANY
C/O INSURANCE COMPANY
P.O. BOX 999
YOUR CITY, ST 999999999 ID# 99-9999999
CURRENT DATE: YYYY/MM/DD

CUTOFF DATE: YYYY/MM/DD

		(A)	(B)	(C)	(D)	(E)	(F)	(H)
		INS'DS PREM DUE	PREM PAID BY CO.	PREM UNPAID (A-B)	PREV MONTH UNPAID	NBR DAYS INTEREST	INTEREST DUE (%) (D) (E)	TOTAL OF WORKSHEET (-B-F)
MONTH								
DEC	19YY			_____	_____	_____	_____	_____
MARCH	2000	0	0	_____	_____	_____	_____	_____
MAY	2000	_____	_____	_____	_____	_____	_____	_____
JULY	2000	_____	_____	_____	_____	_____	_____	_____
OCTOBER	2000	_____	_____	_____	_____	_____	_____	_____
JANUARY	2001	_____	_____	_____	_____	_____	_____	_____
TOTAL								_____
INTEREST DUE FCIC								_____
FCIC DETERMINED OVER PAID								_____

EXAMPLE :

PREMIUM DUE WORKSHEET - OCTOBER PREMIUM DEFERRED (EXAMPLE SHOWING FLOW THROUGH 4 OPERATIONS REPORTS)

REPORT <u>DATE</u>	PREMIUM PAYMENT DUE <u>DATE</u>	(A) INS'DS PREMIUM DUE	(B) PREM PAID <u>BY CO.</u>	(C) PREMIUM UNPAID <u>(A-B)</u>	(D) PREVIOUS MONTH UNPAID	(E) DAYS (365 DAY <u>YEAR)</u>	(F) INTEREST DUE <u>(%*D*E)</u>	(H) TOTAL OF WORKSHEET <u>(-B-F)</u>	NOTE <u>REF</u>
11/DD/YYYY	OCTOBER/YYYY	\$3,000,000	\$0	\$3,000,000	\$0	0	\$000	\$0.00	1
12/DD/YYYY	OCTOBER/YYYY	\$2,200,000	\$0	\$2,200,000	\$3,000,000	61	\$75,205.48	\$75,205.48	2
01/DD/2000	OCTOBER/YYYY	\$1,500,000	\$0	\$1,500,000	\$2,200,000	31	\$28,027.40	\$28,027.40	3
02/DD/2000	OCTOBER/YYYY	\$750,000	\$0	\$750,000	\$1,500,000	28	\$17,260.27	\$17,260.27	4

1. Premium with an October billing date is deferred. No interest is due on this report.
2. Interest is charged on the \$3,000,000 of premium deferred the previous month (Column D at an annual rate of 15% for the period 11/01/YYYY through 12/31/YYYY).
3. Interest is charged on the \$2,200,000 of premium deferred the previous month (Column D) at an annual rate of 15% for the period 01/01/2000 through 01/31/2000.
4. Interest is charged on the \$1,500,000 of premium deferred the previous month (Column D) at an annual rate of 15% for the period 02/01/2000 through 02/28/2000. Since this is the annual settlement report, all premium is due FCIC on this report even if it remains uncollected.

EXAMPLE :

PREMIUM DUE WORKSHEET - OCTOBER PREMIUM PAID BY COMPANY

REPORT DATE	PREMIUM PAYMENT DUE DATE	(A) INS 'DS PREMIUM DUE	(B) PREM PAID BY CO.	(C) PREMIUM UNPAID (A-B)	(D) PREVIOUS MONTH UNPAID	(E) DAYS (365 DAY YEAR)	(F) INTEREST DUE (%*D*E)	(H) TOTAL OF WORKSHEET (-B-F)	NOTE REF
11/DD/YYYY	OCTOBER/YYYY	3,000,000	3,000,000	0	0	0	0	-2,668,403.60	1
12/DD/YYYY	OCTOBER/YYYY	-2,000,000	-2,000,000	0	0	0	0	1,778,935.73	2
01/DD/2000	OCTOBER/YYYY	-500,000	-500,000	0	0	0	0	444,733.93	3
02/DD/2000	OCTOBER/YYYY								4

1. PREMIUM WITH OCTOBER BILLING IS PAID BY COMPANY ON THE 11/DD/YYYY OPERATIONS REPORT.
2. COMPANY HAS MADE COLLECTIONS OF OCTOBER PREMIUM WHICH ARE REFLECTED IN THE "PAIDS" ON THE OPERATIONS REPORT. THIS RESULTS IN A NEGATIVE PREMIUM DUE (COLUMN A).
3. COMPANY HAS MADE ADDITIONAL COLLECTIONS OF OCTOBER PREMIUM.
4. FIRST ANNUAL OPERATIONS REPORT. ALL PREMIUM DUE EVEN IF NOT COLLECTED BY THE COMPANY. NO PREMIUM DUE WORKSHEET NECESSARY.

INSTRUCTION GUIDE FOR FUNDS TRANSFER
DEPOSIT MESSAGES TO TREASURY

All Government agencies must provide specific information to their depositors so that a funds transfer deposit message can be transmitted to the Department of the Treasury (Treasury). Likewise, the depositors must communicate this information to the bank sending the funds transfer. The funds transfer deposit message format is included within this appendix. A narrative description of each field on the funds transfer deposit message follows:

<u>Field</u>	<u>Content</u>
1	RECEIVER-DFI# - The Treasury Department's ABA number for deposit-messages is 021030004. This number should be entered by the sending bank for all deposit messages sent to the Treasury.
2	TYPE-SUBTYPE-CD - The type and subtype code will be provided by the sending bank.
3	SENDER-DFI# - This number will be provided by the sending bank.
4	SENDER-REF# - The sixteen character reference number is inserted by the sending bank at its option.
5	AMOUNT - The transfer amount must be punctuated with commas and decimal point; use of the "\$" is optional. This item will be provided by the depositor.
6	SENDER-DFI-NAME - This information is automatically inserted by the Federal Reserve Bank.
7	RECEIVER-DFI-NAME - The Treasury Department's name for deposit messages is "TREAS NYC." This name should be entered by the sending bank.
8	PRODUCT CODE - A product code of "CTR" for customer transfer should be the first data in the RECEIVER-TEXT field. Other values may be entered, if appropriate, using the ABA's options. A slash must be entered after the product code.
9	AGENCY LOCATION CODE - THIS ITEM IS OF CRITICAL IMPORTANCE. IT MUST APPEAR ON THE FUNDS TRANSFER DEPOSIT MESSAGE IN THE PRECISE MANNER AS STATED TO ALLOW FOR THE AUTOMATED PROCESSING AND CLASSIFICATION OF THE FUNDS TRANSFER MESSAGE TO THE AGENCY LOCATION CODE OF THE APPROPRIATE AGENCY. The agency location code (ALC) refers to three-, four-, or eight-digit numeric symbols used to identify Government departments and agencies (e.g., accounting stations, disbursing and collecting offices). The agency's unique code must be specified in the funds transfer message in order for the funds to be correctly classified to the respective agency. The ALC identification sequence includes the beneficiary code field tag, BNF-, and identifier code, /AC-, followed by the appropriate ALC number. These three components must be in the following format:

BNF-/AC- <u>nnn</u>		3-digit ALC
	-OR-	
BNF-/AC- <u>nnnn</u>		4-digit ALC
	-OR-	
BNF-/AC- <u>nnnnnnnn</u>		8-digit ALC

The ALC identification sequence can, if necessary, begin on one line and end on the next line; however, the field tag "BNF-" must be one line and cannot contain any spaces.

THIRD PARTY INFORMATION - The appropriate information to identify the reason for the funds transfer should be provided by the agency to the depositor. The originator to Beneficiary Information field tag "OBI-" is used to signify the beginning of the free-form third party text. The field tag "OBI-" must be on the same line and cannot contain any spaces. The field tag is placed following the ALC identification sequence and preceded by a space. An example of this data line using the 8-digit ALC would be as follows:

BNF-/AC-nnnnnnnn OBI

It is important to note that the length of the third party text depends on how close you can place the ALC identification sequence (Field 9) to the PRODUCT CODE (Field 8). Under the Federal Reserve System's Structured Third Party Format, financial institutions have the ability to place additional information fields for their own use between field 8 and field 9. Agencies should instruct their depositors and financial institutions to limit the use of these additional fields, and attempt to adhere to the optimum format for fields 7, 8, 9, and 10. This format using an 8-digit ALC is as follows:

TREAS NYC/CTR/BNF-/AC-nnnnnnnn OBI-

The optimum format, shown above will allow 219 character positions of information following the "OBI-" indicator. The information that is constant for all agencies is shown in the Funds Transfer Deposit Message Format within this appendix. This includes the RECEIVER-DFI# (FIELD 1), the RECEIVER-DFI-NAME (FIELD 7) and the PRODUCT CODE (FIELD 8). In addition to these constant fields, the agency must provide fields 9 and 10 to their depositors and the depositor must provide field 5 to the sending financial institution.

The depositor should inform the financial institution that sends the funds transfers to Treasury to use due care and ensure that all information is provided in the prescribed format. Failure to provide the information in the prescribed format may cause a delay in the notification of the funds transfer to the agency.

A sample of a funds transfer deposit message to Treasury is included within this appendix.

021030004 _____ (2)

_____ (3) _____ (4) _____ (5) _____

_____ (6) _____

/ _____ (7) _____ (8) _____

TREAS

NYC/CTR/ _____

(9)

BNF-/AC-nnnnnnnn

OBI- _____ (10)

ESCROW REGISTER
 REINSURED COMPANY NAME
 ESCROW ACCOUNT #99999
 01/01/2000 08:00

Total Requested Amount 21,000.00
 Previous Requested Amount .00
 Receivable Amount .00
 Payment Amount 21,000.00

State	Policy Issuing Company	Policy Number	Name	Claim Number	Requested Amount	Previous Amount	Payable Amount
02	500	123456	Producer 1	1111	1,000.00	0.00	1,000.00
02	500	234567	Producer 2	2222	2,000.00	0.00	2,000.00
02	500	345678	Producer 3	3333	3,000.00	0.00	3,000.00
02	500	456789	Producer 4	4444	4,000.00	0.00	4,000.00
02	500	678901	Producer 5	5555	5,000.00	0.00	5,000.00

Previous Y-T-D 1999 Total 74,000.00
 Reinsurance Year 1999 Total 15,000.00
Cumulative Y-T-D Total 89,000.00

02	500	456789	Producer 6	6666	6,000.00	0.00	6,000.00
----	-----	--------	------------	------	----------	------	----------

Previous Y-T-D 2000 Total 10,000.00
 Reinsurance Year 2000 Total 6,000.00
Cumulative Y-T-D Total 16,000.00

ESCROW REGISTER
REINSURED COMPANY NAME
ESCROW ACCOUNT #99999
01/01/2000 08:00

Total Requested Amount	21,000.00
Previous Requested Amount	.00
Receivable Amount	.00
Payment Amount	21,000.00

Previous Y-T-D Total	74,000.00
Reinsurance Year 1999 Total	15,000.00
Cumulative Y-T-D Total	89,000.00

Previous Y-T-D Total	10,000.00
Reinsurance Year 2000 Total	6,000.00
Cumulative Y-T-D Total	16,000.00